

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Interim Executive Director*

### **Podiatrist Controlled Substance Registration Renewal**

Your podiatrist controlled substance registration in the state of Indiana expires on June 30, 2015. Renew online at [www.pla.in.gov](http://www.pla.in.gov) with your primary podiatrist license or send this form with the renewal fee of \$60.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after June 30, 2015 you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
2. Since you last renewed, have you had any action, discipline or revocation on your DEA (U. S. Drug Enforcement administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand the Board of Podiatric Medicine statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Board of Podiatric Medicine please email [pla3@pla.in.gov](mailto:pla3@pla.in.gov) or call 317-234-2060.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date